

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

1100

1 FILING DATE

10/030924

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2		1		1		
3		1				
4		3		3		
5		3		3		
6		3		3		
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TOTAL IND.			1			
TOTAL DEP.	9	9	9	9		
TOTAL CLAIMS	1	1	1	1		

CLAIMS	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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